

July 26, 2002

Re: Medical Dispute Resolution  
MDR# M2-02-0888-01  
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating physician. Your case was reviewed by a physician reviewer who is Board Certified in Physical Medicine and Rehabilitation.

THE PHYSICIAN REVIEWER OF YOUR CASE **DISAGREES** WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE. The reviewer has determined that a repeat one-time sitting of four to six trigger joint injections is clinically warranted and medically necessary.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

#### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of

Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 26, 2002.

Sincerely,

**MEDICAL CASE REVIEW**

This is for \_\_\_, \_\_\_. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0888-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Commission documentation dated June 14, 2002, requesting this review.
2. Medical Dispute Resolution Request/Response.
3. Table of Disputed Services, with attachments.
4. Denial from the carrier regarding the requested procedures.
5. Pain management notes from \_\_\_.
6. Progress notes from \_\_\_.
7. Required Medical Examination completed by \_\_\_.
8. Physical therapy notes from \_\_\_.
9. Operative report noting stellate ganglion blocks and intravenous sedation of the right upper extremity.

B. BRIEF CLINICAL HISTORY:

This is a lady who developed a stenosing tenosynovitis of the index and middle fingers of the right hand. She was treated conservatively with injection therapy, splinting, and other oral nonsteroidal anti-inflammatory medications. Although there was some significant relief, there still remained a moderate amount of symptoms. It was decided that this lady should be taken to the operating room for surgical release of the stenosed synovium.

Shortly after the procedure, this lady developed what appeared to be a reflex sympathetic dystrophy. Stellate ganglion blocks confirmed the presence of this diagnosis. She continued to be markedly symptomatic, receiving injections and other modalities throughout the next approximately one year or so. She had episodes of right forearm pain, and this area had been injected with steroids in the past. The prior injections appeared to be more than a year ago.

She continued to complain of pain, and \_\_\_ felt that a repeat trial of four to six trigger point injections in the musculature of the right forearm was indicated.

C. DISPUTED SERVICES:

One visit to complete four to six trigger point injections to the right forearm.

D. DECISION:

I DISAGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

This is a lady with a known soft tissue injury, with stenosing tenosynovitis, and a reflex sympathetic dystrophy. The normal sequelae of such a procedure, i.e., reflex sympathetic dystrophy, can be muscle spasm and hypersensitivity. Furthermore, noting the assessment completed by the carrier's own selected provider, \_\_\_, he notes, "occasionally repeating the injections is beneficial." Therefore, given the mechanism of injury and the treatment to date, as well as the noted complication of reflex sympathetic dystrophy and the sequelae to include muscle spasm, and given the current physical findings reported by the treating doctor \_\_\_, it

is my opinion that this repeat one-time sitting of four to six injections for trigger points in the right upper extremity would be clinically warranted at this time.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

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Date: 23 July 2002